Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP

	Please Type or Print Cle Please Submit one Original at FILING FEE: \$125 payable to	early in Ink nd one Photocopy		
The name of the p	artnership is			
	in the words "Registered Limited Liability Limited	·	LLP" as the last words o	of the name.
The street address	s of the partnership's chief executive of	псе.		
Street Address		City	State	ZIP+4
Mailing Address (Option	nal)	City	State	ZIP+4
If the address liste	ed in number 2 is not a South Dakota s	treet address question nu	mber 4 must be cor	npleted.
The South Dakota	a Registered Agent name			
			State	ZIP+4
Street Address or Rura	al Route Box Number in This State and	City		ZII 14
	al Route Box Number in This State and s State, if Different from Street Address	City	State	ZIP+4
Mailing Address in This		City e state their CRA #.		
Mailing Address in This When listing a This number of	s State, if Different from Street Address a Commercial Registered Agent, please	City e state their CRA #. Registered Agent.		

I declare under penalty of perjury that the contents of least two partners.	of the above statement are accurate. Statement must be signed by a
Dated	(Signature of a partner)
	(Printed Name)
Dated	(Signature of a partner)
By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.	(Printed Name)